



California Council on Gerontology and Geriatrics

**CALIFORNIA COUNCIL ON GERONTOLOGY AND GERIATRICS**

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**PREPARING FOR AN AGING SOCIETY:  
Education for Professions in Aging**  
*Issues and Recommendations*

April 29, 2003

ENVIRONMENTAL PROTECTION AGENCY

University of California, Los Angeles

Also presented to the  
California Senate Subcommittee on Aging and Long Term Care  
and the  
Assembly Committee on Aging and Long Term Care

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And

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On behalf of  
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And the  
California Geriatric Education Center

California's population is aging dramatically, with one in three Californians over the age of 50 and one in six over the age of 65 by 2030. Our older population is also growing increasingly diverse in gender, race, and ethnicity, as well as in education and income. This rapid aging and diversification of our older population carries significant policy implications. California will soon confront a larger elder population and smaller younger working-age population, making it difficult to sustain our current policy and programs.

The demographic shift brings an increased demand for professionals with knowledge of and expertise in the human aging process. At present, California faces a severe shortage of professionals and paraprofessionals needed to operate programs and provide services for older adults. For example, there are only approximately 890 geriatricians in California, or one geriatrician per 4,000 Californians 65 years of age or older. We also face a shortfall of approximately 30,000 certified nurses aids needed to provide care for frail seniors who reside in nursing homes. Nationwide, approximately 3 percent of social work students specialize in gerontology, and only 5 percent have taken a course in aging.

The California Council on Gerontology and Geriatrics (CCGG) is a professional organization of educators and institutions of higher education that aims to enhance the quality of life of the State's diverse older population and to offer meaningful career opportunities to the diverse younger population of Californians. A non-profit, professional association of over 100 educators and over 40 institutions of higher education. The California Geriatric Education Center is funded by the US Bureau of Health Professions to increase the qualification of the nation's professional providers to serve older adult's and their families.

In this hearing CCGG will address the increasing demand for both professional and paraprofessional providers of health and long- term care for older California. The demand is based not only on the dramatic increase in the number of older Californians but on changes in the delivery system. The presenters contend that not only the quantity of providers but also the quality of their preparation in gerontology and geriatrics must increase. Gerontology is the study of normal aging both social, psychological and biological. Geriatrics is the professional practice of care of the elderly particularly in health settings. Thus, the crisis in the shortage of nurses in California is well documented, yet it is not as well known that very few graduate level nurses are prepared specifically to work in geriatrics and long-term care. Similarly few graduate and licensed social workers are prepared to work with older adults in order to enhance family care and coordinate needed services. Nurses and social workers are examples of professions that have not had adequate student interest in the field. Additionally, paraprofessional training (in-home supportive service workers, home health aides, and adult day care workers as examples) requires attention at the state level.

The institutions of higher education in the state can provide valuable resources for meeting this labor force need. The multiple systems of colleges and university's have

faculty and program's to address the need for education and training in gerontology and geriatrics. These programs requiring strengthening to meet the demand.

The Academic Geriatric Resource Program in the UC system provides a model for developing gerontology and geriatric education. The CSU system does not have a parallel resource. Additional resources include the California Geriatric Education Center funded by the US Bureau of Health Professions which has over the last decade provided multiple faculty development and other resources for curriculum development in aging. Further, the Veterans Administration Geriatric Research, Education, and Clinical Center at the Palo Alto and Los Angeles facilities are Centers for Excellence in geriatric training. Currently, the John A. Hartford Foundation and the Archstone Foundations provide valuable resources for student incentives and field practice development in geriatrics for physicians and social workers.

With information coming available through efforts such as the Strategic Planning Initiative for Older Californians (SB 910, 1999), we are presented with a more accurate picture of the shortcomings in gerontological education as well as the opportunities for change. It is in the best interest of the populace, not only our elderly, to seize these opportunities for change to mitigate our current shortcomings which are fast reaching critical proportions.

California's Integrated Elder Care and Involvement Act of 2002, SB 953 (Chapter 541, Statutes of 2002) sets out to redesign California's system of care for older adults and generating a cultural change in attitudes toward aging. Among other items, SB 953 requests the California State University, the University of California, and Community College systems to develop standards and guidelines for the biological, social, and psychological aspects of aging for professional degree programs at both the bachelor and graduate level, in which the health and welfare of older adults is paramount. SB 953 also requires an applicant for licensure as a psychologist, marriage and family therapist, or social worker who begins graduate study on or after January 1, 2004, to complete a minimum of 10 contact hours of coursework in aging and long-term care which could include, but not be limited to, the biological, social, and psychological aspects of aging. Any person licensed in these professions who began graduate study prior to January 1, 2004 will be required to take a three-hour continuing education course in aging and long-term care during his or her first renewal period after the operative date of the legislation.

The need to have a prepared workforce to provide high quality care and services for today's and the future's older population is a national issue. While money needed for education is scarce, older people are plentiful. With the aging of the Baby Boomers, both the size and the proportion of older adults requiring care and services will dramatically increase in the next 25 years.

As the most populous state with the largest number of elderly, California's role in these demographic shifts is significant. The number of older Californians is growing at a faster rate than in the United States as a whole. The current estimate of 3.9 million elderly is

projected to grow 58% by 2020 (Center for California Health Workforce Studies [CCHWS], 2000), with the fastest growing group the 80+ cohort. (O'Hara-Devereaux, et al., 1999).

The California population is also one of the most culturally diverse in the nation (Ruzek et al, 1999). Currently, 27% of California's 65+ age group are non-white, climbing to 35% by 2010. All non-white ethnic groups now comprise the majority of California's overall population, with Latinos becoming the dominant population group over the next 40 years, projected to be 48% of the state's population by 2040 (O'Hara-Devereaux et al., 1999). This fact calls for preparation in both gerontology AND cultural proficiency for our future health and social service professionals.

The needs of the frail elderly are complex and are best served by well-prepared health and social services, yet

- The ratio of physicians-to-older persons in California currently numbers approximately 195 per 100,000, ranking a reasonable 15th in the nation (CCHWS, 2000), although there are critical regional differences within the state and a number of identified personnel shortage areas, such as in the San Joaquin Valley.
- Despite the fact that California has the highest number of people aged 65 and over in the nation, there is a shortage of qualified physicians trained in geriatrics to treat them (Institute of Medicine [IOM], 1993; Reuben et al., 1993; Reuben et al., 1999).
- California ranks 50<sup>th</sup> in ratio of employed registered nurses (RNs) to its population, (CCHWS, 2000), and very few have obtained credentials as gerontological nurse specialists (Rosenfeld, et al., 1999).
- Without additional qualified faculty and other resources, California's nursing schools will neither be unable to educate enough additional nurses to maintain current ratios nor provide qualified nurses in response to the increased demand of aging society (Coffman, 1999).
- Current research to document pharmacy faculty preparation in geriatrics and availability of geriatric curricula within pharmacy schools in California is lacking. Nationwide most pharmacy students graduate with little or no formal training in geriatric pharmacy topics (Kirschenbaum & Rosenberg, 1995).
- A national survey indicates that 80% of undergraduate programs and nearly 25% of all graduate schools of social work offered no gerontological course work (Damron-Rodriguez, Villa, Tsent & Lubben, 1997; Gilford, 1990; Scharlach et al., 2000).

- A national survey of graduate public health programs reported that only 5% of their students took a class on health in aging (Wallace & Lubben, 1995).
- A recent report found that 20% of the Medical Service Study Areas in California are below the Dental Health Professional Shortage Area ratio of primary care dentists-to-population, with 68% of these shortage in rural areas. Moreover, of the 32 areas that have no dentists, 31 are rural (CCHWS, 2000).
- California ranks 48th out of the 50 states for nursing and home health aides (CHWS, 2000). Not surprisingly, the 1999 report from the National Commission on Allied Health recommends increases in allied health education and changing educational programs and curricula to emphasize geriatric health and interdisciplinary care delivery (DHHS, 1999; Center for Health Policy, 2000).

### Addressing the Need:

Senate Bill 953 recognizes the need for gerontologically prepared service providers for older adults as one component of the bill. By mandating a minimum of ten classroom hours for several categories of licensed professionals (specifically, licensed clinical psychologists, marriage and family counselors, social workers), SB 953 is model legislation for assuring a small amount of exposure to bio-psycho-social topics of aging. It is an important beginning for demonstrating policy support and creating licensure mandates to address the quality of care provided to California's older adults. It is critical to consider a comprehensive plan to create standards and guidelines for gerontology and geriatric curriculum in higher education.

Given the challenges of preparing faculty and future practitioners in these and other disciplines to ready them for the service demands of future older adults in California, it is not surprising to consider a comprehensive "systems" approach to address the need. One way to think of the "system" is as a pipeline for attracting the most promising and productive students into the field of gerontology. And our "systems" of education (K-12, Community College, California State University [CSU] and University of California [UC] systems) each have a critical role in the pipeline. Of note, the CSU system is the bedrock for practitioner training, since it produces the majority of nurses, social workers, allied health professionals and others who are likely to provide services to older people. In addition, the CSU system student body is very ethnically diverse, and may assist in remedying the ethnic and racial disparities within the health professions.

Others providing testimony will have addressed these issues from their systems' perspectives. To implement the spirit and mandates of SB 953, it is imperative that these unique and complementary educational systems work together towards this mutual goal of workforce preparedness for an aging California.

I will provide information about activities initiated by the University of California, Los Angeles that provide both models and opportunities for further development across our educational systems.

- Special Recruitment Programs for High School Students (e.g. Kids Into Health Careers)
- The Freshman Honors Cluster on Aging
- The Undergraduate Minor in Aging
- Aging Specializations within the Professional Schools
- The Medical School Geriatrics Curriculum
- Special Center Programs Focused on Faculty Development
- Post-graduate Continuing Education Programs
- Develop Loan Forgiveness Programs in order to increase incentives for persons in to enter key gerontological and geriatric professions
- Link paraprofessional training to best educational resources in the State
- Provide incentives for providers as an example Adult Protective Services to obtain education and training in gerontology and geriatrics
- Enhance the delivery of state funded community based care and Area Agency on Aging programs by targeting persons with education in gerontology and geriatrics

The State funded UC Systemwide Academic Geriatric Resource Program (AGRP) began in 1984, and with minor exception, has provided \$1 million per year that is distributed to each UC with either a medical or public health school. This program serves as the critical building block upon which other funds are sought for the growth and expansion of gerontology and geriatric programs across the UC system. Today, AGRP funds continue to be an important source of infrastructure and innovative programs support, but the static funding amount now represents a smaller proportion of overall gerontology programmatic support within the UC schools at many campuses. By building on the basis of the AGRP, the UC's are now competitive and have succeeded in bringing in federal, foundation, and endowed funds. We have thus leveraged our state support tremendously and are now focused on assisting faculty within other higher education systems. We are doing this through technical assistance in capacity and capability building to improve skills and provide materials to faculty through:

- The California Council on Gerontology and Geriatrics programs
- The California Geriatric Education Center's Leadership Academy and other faculty development programs
- UC faculty links with other system's consortia (CSU Gerontology Consortia)
- Aging Summits that focus on regional strategic planning, coalition building, and economic development issues

Given the "state" of our state, you may ask, "How can we afford to make this type of investment in our educational systems' programs"? The question before us is how can we afford NOT to support gerontology educational program development? The majority of those who will provide services to the large numbers of older Californians in the future have not even graduated from high school yet. Students will choose gerontology

if legislative policy recognizes the value of specialized knowledge in gerontology and helps create recognition of such within the job market. Students will choose gerontology because there is a clear career path and availability of jobs upon graduation. Students will choose gerontology because their teachers are role models and provide an exciting atmosphere to learn and embed the values of quality and service. Now is the time to prepare our faculty, to create the demand for future professionals trained in gerontology, so we may assure that the best and brightest students enter the "gerontology pipeline" and emerge into our society with the skills, knowledge and abilities to meet the needs of the older population.

- A workforce prepared with the knowledge base and technical skills of gerontology and geriatrics can respond more effectively and efficiently to the needs that arise from challenges with advancing age in the environment.
- A competent workforce can:
  - help reduce disability and functional limitations
  - improve quality of life for aged and family

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